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RESEARCH

NUCLEUS OF PERMANENT EDUCATION IN NURSING: PERSPECTIVES IN A TEACHING HOSPITAL

NÚCLEO DE EDUCAÇÃO PERMANENTE EM ENFERMAGEM: PERSPECTIVAS EM UM HOSPITAL DE ENSINO

NÚCLEO DE LA EDUCACIÓN PERMANENTE EN ENFERMERÍA: PERSPECTIVAS EN UN HOSPITAL DE ENSEÑANZA

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ABSTRACT

Objective: To describe how nurses realize the core of Permanent Education in nursing. **Method:** Descriptive nature research with qualitative approach held in a teaching hospital in the South of the country, with 17 nurses and hospital units leased. The research project has been approved by the Ethics Committee of the Federal University of Santa Maria, Rio grande do Sul, in 0111.0.243.000-09 Protocol CAAE. **Results:** From the depositions two thematic nuclei consist: Easinesses for implementation of the NEPE and difficulties for implementation of the NEPE. **Conclusion:** There are possibilities of transformation of the institutional Policy in NEPE HUSM, sustained by national policy of Permanent Education, as reference in educational actions focused reflection of daily practices, contributing to the professional development, in improving the quality of nursing care and user satisfaction. **Descriptors:** Nursing, Continuing education, Nurses, Health, Professional practice.

RESUMO

Objetivo: Descrever como os enfermeiros percebem o Núcleo de Educação Permanente em Enfermagem. **Método:** Pesquisa de natureza descritiva com abordagem qualitativa realizada em um hospital de ensino do sul do país, com 17 enfermeiros locados nas unidades de internação e de apoio. O projeto de pesquisa foi aprovado pelo Comitê de Ética da Universidade Federal de Santa Maria, Rio grande do Sul, sob protocolo CAAE: 0111.0.243.000-09. **Resultados:** Emergiram dois núcleos temáticos: O NEPE como dispositivo da implementação da Educação Permanente em Saúde e o NEPE como dificuldades sentida pelos enfermeiros para efetivação da Educação Permanente em Saúde. **Conclusão:** Há possibilidades de transformação do NEPE em Política Institucional no HUSM, sustentado pela Política Nacional de Educação Permanente, como referência nas ações educativas voltadas a reflexão das práticas cotidianas, contribuindo para o desenvolvimento profissional, na melhoria da qualidade da assistência de enfermagem e na satisfação dos usuários. **Descritores:** Enfermagem, Educação continuada em enfermagem, Enfermeiros, Saúde, Prática profissional.

RESUMEN

Objetivo: Para describir cómo enfermeras realizar El centro de educación permanente en enfermería. **Método:** Investigación de carácter descriptivo con enfoque cualitativo celebrado en un hospital de enseñanza en El sur Del país, con 17 enfermeras y unidades hospitalarias alquiladas. El proyecto de investigación ha sido aprobado por el Comité de ética de la Universidad Federal de Santa María, Rio grande do Sul, en virtud del protocolo CAAE 0111.0.243.000-09. **Resultados:** De las deposiciones dos núcleos temáticos consisten: Sencilleces para la puesta en práctica del NEPE y dificultades para la puesta en práctica del NEPE. **Conclusión:** Hay posibilidades de transformación de la política institucional de NEPE HUSM, sustentada en la política nacional de educación permanente, como referencia en acciones educativas había centrado la reflexión de las prácticas diarias, contribuyendo al desarrollo profesional, en la mejora de la calidad de la satisfacción del usuario y cuidados de enfermería. **Descriptores:** Enfermería, Educación continuada, Enfermeras, Salud Práctica profesional.

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INTRODUCTION

This article describes a part of the work of undergraduate course conclusion, which was motivated from the perceptions of nurses on Continuing Education in Health (CEH) and the facilities/difficulties for its implementation in a teaching hospital in the inland of the State of Rio Grande do Sul, Brazil.

The proposal of CEH, submitted by the Ministry of Health in 2004, becomes a fundamental strategy for the recovery of training practices, as well as educational and health practices. It aims at searching for the articulation of services and sectoral management, care and social control, with a view to the effective implementation of the principles and guidelines proposed by the Unified Health System (UHS).²

CEH starts from the assumption of significant learning, which promotes and produces senses. To that end, it suggests that professional practices are based on critical thinking, actual practices and the action in network services.³ The National Policy of Continuing Education in Health was created by the National Health Council on February 13th, 2007, agreed by the Tripartite Inter-managers Commission in September 18th, 2003, and legitimized at the 12th National Conference on Health. By this means, the Ordinance GM/MS, No. 1996, August 20th, provided the guidelines for the implementation of the National Policy of CEH.³ This reintroduces the issue that demands for the training and development of workers in the UHS should not be decided "only on the basis of a list of individual needs for updating and the capacity to offer and expertise of an educational institution" but meet the problems in relation to health care and to the organization of work.^{3:6}

The CEH policy seeks to transform problems identified in everyday life of the services into educational problems, aiming at the production of a comprehensive and qualified care. Still, it points out that the learning of skills will only be effective when the actors realize the problem and recognize themselves included in it, making necessary changes possible.⁴

For this reason, this proposal seeks a creative and transformative performance of professionals in health services, between their workers and users of the system, because the transformation of the working process arises from a critical, reflective, purposeful, committed and technically competent. action.⁵ In search of this proposal, the existence of effective policies, such as the CEH, is essential for the consolidation of the UHS, both with regard to working relationships and policies linked to health system workers and the aspects related to the training of health workers.⁶

Nursing is inserted in a context that implies changes increasingly constant, since new techniques, knowledge, laws, and social changes, among others, arise every day and professionals need to have a space to reflect on their actions. In this way, it is essential that nurses have "knowledge and pedagogical skills to develop health education actions".⁷

CEH arises as a possibility for nurses in order to develop their skills in a qualified way, as well as to promote educational activities aimed at improving the quality of care provided to the population.⁵ This proposal is defined in order to fill the gaps in the training process, transforming professional practices and work organization.⁸

It is important to note that competence is understood as a political-educational concept that involves articulation, mobilization of knowledge, theoretical and practical skills, attitudes, and

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ethical values that enable professionals to perform effective and efficient activities in their everyday work. Still, it enables nurses' conscious, critical and active participation in the world of work and also in their self-realization.⁴

CEH focuses on the constant search for knowledge in all areas, whether institutional or not, considering the continuing quest for quality. To that end, hospitals are considered agents for implementing the CEH process, especially university hospitals that prioritize teaching. CEH meets this context of transformations of the scenario, in which hospitals are faced with demands to incorporate new technologies that impose challenges of organization and management.⁹ This proposal needs to be taken as a strategic resource for the management of health work and education.²

A study⁷ points out "the professionals' need for being continually constructing knowledge as one of the demands for nurses' daily life in the development of actions to promote health". This relates to the commitment to promote qualification for health care, focusing on the demands of the population and the transformation of the reality in which it is inserted.

In this context, this study aims to investigate and describe how nurses perceive the Center for Continuing Education in Nursing (CCEN) in a teaching hospital.

METHODOLOGY

This is a descriptive research with qualitative approach conducted in a reference teaching hospital in the south of Brazil, with 17 nurses at the admission and support units. The criteria for inclusion in the research were: nurses working in the hospital during the period of the survey and agreeing to participate in the study. As exclusion criteria, we considered the subjects who were on vacation or sick leave during the period of J. res.: fundam. care. online 2013. jul./set. 5(3):114-121

the survey. The total number of subjects comprised 17 nurses, who were defined when information began to be repeated, i.e., when the saturation of data occurred.^{10,11}

Data collection was carried out through a semi-structured interview, recorded in MP3 audio and held in the second half of 2009, during the three shifts in a room previously scheduled in order to preserve the privacy of nurses. To that end, the nurses signed an Informed Consent Form, in view of the ethical principles of the Resolution 196/96, issued by the National Health Council.¹²

The anonymity of the professionals was assured by encoding them with the letter E followed by a numeric digit to differentiate them from each other: nurse 1 (E1), nurse 2 (E2) and so on. When the information began to be repeated, the interviews were finished by considering the saturation of data.¹⁰

For the analysis of the testimonies, we used the Thematic Content Analysis, which consists in the pre-analysis, exploration of material, processing of results and interpretation.¹¹ After the transcript of the interviews, we performed the exploration of the material, seeking for significant expressions that emerged from the transcripts, which constituted and categorized the corpus of research.

The protocol of the research project was approved by the Committee of Ethics in Research with human beings at the Federal University of Santa Maria, by Opinion No. 0111.0.243.000-09.

RESULTS AND DISCUSSION

Two thematic nuclei emerged from the testimonies of nurses: a) facilities for the implementation of the CCEN, and b) difficulties for that implementation.

Facilities for the implementation of the CCEN

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The testimonies state that the strengthening of the CCEN has occurred through systematic and continuous development based on planning together with the nurses, who met weekly at the hospital, enabling the professional valuation and knowledge construction, resulting in nursing care quality.

In this way, the scenario where the CCEN acts, facilitates the institutionalization of CEH by the hospital being considered an important contributor in the training of health professionals and the incorporation of new relational technologies, as continuing education.⁹ The continuity of meetings is what consolidated and incorporated the importance of continuing education in the nursing staff.

Perceptions about the need for continuity of the educational activities of the CCEN are recognized as fundamental to the credibility of continuing education. Nurses report that the CCEN performs activities that instigate changes and they also recognize that the achievement of continuing education in a punctual manner favors professional and institutional growth. To this end, nurses recognize the CCEN as being necessary, confirming the need for continuous learning activities.

[...] facilities, for sure, is the support that we effectively have there from the DEPE and the CCEN, because the girls give true advice. You arrive there and expose an idea and they guide you on how you must carry out the project, they guide you on how to address the colleagues. They even come to the services; they come to talk with the staff, to talk about the importance of a given event. (E15) (*ipsis litteris*)

This testimony demonstrates the conception of continuing education in a wide way, highlighting the need for dialogue with care professionals in order to define the issues that will be addressed. It defines that the continuing education of health professionals are continuous

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working-learning actions that seek overcoming a particular situation through the transformation of the practices.¹³

The testimonies below point out the continuing education activities of the CCEN:

[...] There is a completely structured service now for education. So, this also facilitates, it even has one person only thinking about it and now it does not only have one person, it has the representatives of the areas which facilitates as well. (E5) (*ipsis litteris*)

[...] The CCEN! Ah! ... Center for Teaching and Research and Extension of nursing, that there was this separation. I think it was very important. (E10) (*ipsis litteris*)

[...] and the CCEN came to help us. Indeed concretize the fact, the necessity and to facilitate. It acts as a facilitator at the time when we can discuss things because the service. (E13) (*ipsis litteris*)

The CCEN is responsible for coordinating the training programs for nursing professionals (Health Education, Service Education, Education-Service Integration, and Scientific Production); curricular training fields of the Nursing Course at the Federal University of Santa Maria (UFSM); and other non-compulsory trainings. It also coordinates the visits of students of nursing courses that come to the hospital seeking professional performance reference.

In addition, it coordinates the release policy for long-term courses; internal dissemination of nursing courses and events; the participation in the plans and actions of the hospital; the control and coordination of the issuance of certificates; the support and assistance to the coordination of areas along with nursing managers in the planning and implementation of education programs at work; the process of monitoring nursing professionals admitted; the dissemination of knowledge produced by nursing through leaflets; presentation

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of works in scientific events; and the exhibition of banners in different hospital units.

This new design configured by the structuring of the CCEN was regarded as positive by the nurses, because it triggers the execution of the CEH, supported by a management that prioritizes education activities.¹⁴

The need for the establishment of the CCEN met the principles of the National Policy of Continuing Education instituted by Ordinance 198/2004 that regards it as strategy of the UHS for the training and development of workers for the sector. This ordinance was reformulated by the Ordinance 1996/2007, which sets new guidelines and strategies for the implementation of the National Policy of Continuing Education in Health according to operational guidelines and rules of the Pact for Health.³

It is important to note that, according to this policy, it should be considered: regional specificities and the overcoming of inequalities; training and development needs for work in health; and the capacity already installed of institutional offer of formal actions in health education. This will lead to rethink new institutional designs integrated between management-education-health care, in which the continuing education process takes place in a more dynamic way.²

The CCEN, based on Public Health Policies of the Ministry of Health, emerged to structure its actions with views on the principles and guidelines of the UHS, namely: universality, equity and completeness. These principles appear in all "core of skills that are structured in productive units that provide health care".^{15:14}

Difficulties for the implementation of the CCEN

The nurses' testimonies point out that the creation of the CCEN did not materialize effectively continuing education, especially the

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teaching-service integration, as there is not an effective integration between teachers of the Nursing Department with the nurses.

The testimony shows how one of the difficulties experienced by nurses lies in the relationship teaching-service, which is deficient, without providing collaboration for professionals in the hospital:

And what complicates this is that there could be a greater participation from the department, teachers with the nurses of the hospital. If there was that greater integration, it could contribute more. (E15) (*ipsis litteris*)

E15's testimony states that there is still a deficiency in this relationship, making the teaching-service relationship a factor that hinders the actions of CEH. A study points out that the gap between teaching and service, and theory and practice still perpetuates in nursing. This fact is reflected in the predominance of the technical teaching model and the difficulty of its rupture, interfering significantly in the training of health care professionals.¹⁶

In this way, the deficiency in the teaching-service relationship shows that there is not a teaching approach to the current reality of the health system, which requires professionals that match its needs. "Without the ongoing dialogue, it will not be possible to generate new ways of interfering in the work process and the organization of assistance, nor in the educational process of training a new worker".^{17:359}

According to the nurses, in order to make the actions of CEH effective, the relationship teaching-service is of great importance, since it will provide the exchange of knowledge and experiences between the professional and the teacher and, as a part of that exchange, the student.

Another difficulty identified in the practice of nurses' continuing education shows that the

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CCEN need to be closer to the employees, even though the Center has a room with a secretary to assist not only nursing, but also health and education institutions coming to the hospital. E12 shows this difficulty:

[...] I also think that the courses offered by education, by the center for continuing education, it had to be closer to the employees ... it has to be closer. I think it is far away, you know? Press, come more, see more what interests. What I see in the meetings that we see the CCEN saying, it seems that it is a reality, but it is not what they say. Beautiful, great! In practice, it is not, you know. So that's it. (E7) (*ipsis litteris*)

In face of the testimonies, there is a need to structure a policy of continuing education in all areas, including all the professionals of the institution, with alternative timetables and subjects, encouraging the dialogue and the integration of professional assistants with the professionals of the CCEN.

This way, the idea that continuing education must not end arises, because other needs and changes emerge from reality. These educational needs are inherently human; always dissatisfied due to the social dynamics that constantly creates new situations.¹⁸

The conceptions of the testimonies reveal that there are still obstacles to the process of awareness of the CEH on the part of the majority of nurses. There is still much to be done, shown and transformed, so that employees become aware of the importance of continuing education and that it can be seen beyond mere skills, i.e., as a "fundamental strategy for work transformation in the sector so that it may be a place for a critical, reflective, purposeful, committed and technically competent performance".^{4:4}

CONCLUSION

From the results of this research, it is concluded that the CCEN, as well as its members,

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have come to concretize what was being discussed only regarding ideas and roles.

As facilities, the nurses pointed out the relationship teaching-service, evidenced by the hospital being a school. They recognize that the relationship between the academic field and professionals is a benefit for the exchange of knowledge, the experiences among nurses, and undergraduate students and teachers. This exchange relationship causes the nurses to be in intense search for training, encouraged by the presence of the academic field.

This way, it is possible to show that the goals that the CCEN intends to achieve are: to stimulate the work of the nursing staff and the presence of scholars in projects of the Santa Maria University Hospital; to improve the reception of students; to approximate theory and practice; to provide spaces for discussion; to involve teachers and administrative technical servers in the work process of nursing; and to prompt greater participation of teachers in care activities and vice versa.

One of the difficulties that nurses perceive for developing the actions of the CEH is the distance of the CCEN from nursing units, with a discourse that is away from what actually happens in the units. From the recognition of the obstacles of continuing education is that we can find ways to improve the service of the CCEN and the performance of CEH in nursing.

This research points out the prospect to the visibility, valorization and competence of nurses as educators, creating a culture of continuing education in nursing services, as well the disclosure of a dissemination experience of continuing education in a teaching hospital in the State of Rio Grande do Sul.

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